



# Arkansas Secretary of State

**Charlie Daniels**

State Capitol • Little Rock, Arkansas 72201-1094  
501-682-3409 • [www.sos.arkansas.gov](http://www.sos.arkansas.gov)

## Health Spa Consumer Protection Act

(Act 264 of 1989)

Annual Registration Statement  
(Please Submit in Duplicate)

Date: \_\_\_\_\_

Name of Health Spa: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The name and addresses of all officers, directors and stockholders of the Health Spa as follows:

Name

Position Held

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach separate list if necessary)

Name of Health Spa's parent corporation, if applicable:

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The names and street addresses of all officers, directors and stockholders of the Health Spa's parent corporation are as follows:

Name

Position Held

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Attach separate list if necessary)

The types of facilities available are as follows: \_\_\_\_\_

\_\_\_\_\_

Name, street address and telephone number of a contact person responsible for filing annual registration:

NAME \_\_\_\_\_

(Signature of Contract Person)

STREET ADDRESS \_\_\_\_\_

(Telephone Number)

ADDRESS: \_\_\_\_\_

City

State

ZIP

**NOTE:** Subsequent annual reports may be filed within thirty (30) days of the anniversary date of this filing.

**CFD-03 Rev. 6/05**